

Correspondence

Health Insurance and the Medical Profession

To the Editor:—To obtain the services of the medical profession for the benefit of the sick of the poorer classes has been the object of many a philanthropic movement. The free clinic, the public ward or the free hospital, all expressions of philanthropy, are made possible by securing the free services of medical men. The fraternal societies, as we know them to-day, are an indication on the part of the masses that they would prefer to pay their own way if such were possible. In Great Britain the matter has been thought sufficiently important for a government to make it the subject of important legislation. All we lack in either the United States or Canada is the right type of politician and it will be made a subject of legislation on this side of the Atlantic.

The free clinic and all similar charitable institutions are made possible by exploiting the medical profession in the name either of charity or of religion. In Great Britain, Mr. Lloyd-George has been gracious enough to exploit the profession in the name of politics.

Our profession has made great progress in all the sciences pertaining to the healing art, but our methods of giving services and receiving our fees have remained unchanged for generations. A portion of the public pays us a large fee, another portion a small fee and a third portion nothing at all. It is estimated that 33 per cent. of the urban population of Great Britain was affected by the national insurance act. In this country the percentage of population of any fair-sized city seeking medical aid through the free clinic, the public hospital service, the fraternal society contract physician or the general practitioner's charity list is placed by many men as fairly high—some say as high as 50 per cent.; scarcely ever do I find it put as low as 25 per cent., so that I believe legislation similar to the national insurance act of Great Britain introduced into either Canada or the United States will affect as large a proportion of the population in either country on this side of the Atlantic. In other words, the profession gets to-day nothing for 33 per cent. of its work—for work that is worth more to the public than it ever has been before, in a time when the average medical income is on the decrease and the cost of living on the increase. We are living in an age when the "gold standard" determines one's standing in society. Mr. Aloes from Pill Castle, who has made a fortune out of his knowledge of human nature and drives a limousine, is much more likely to be chosen for senator than is a doctor who scarcely makes a living out of his knowledge of medicine and rides around in his little roadster. The day is past when the doctor is respected because of his profession alone, and most of us are guilty of valuing our practices by our cash receipts for the year. Therefore, to be consistent, we should welcome some method of converting this 33 per cent. loss into a paying proposition.

It is obvious that there is something missing in our present-day civilization and that before society will be satisfied the services of the medical profession must be at the disposal of rich and poor alike. The national insurance act of Great Britain was introduced to fit in between the medical profession and the public, although in its proper place it has been found inefficient and uneconomical and is a fair example of

And we wonder, too, if what Dr. H. Wiley had to say about Doan's Kidney Pills in the September *Good House-keeping* had anything to do with Mr. Balliett's expressed contempt for the celebrated chemist and food and drug expert. Speaking of kidney cures in general, Dr. Wiley said:

"A very dangerous class of remedies are the kidney cures. For the most part they depend on potassium nitrate, just as the rheumatism cures fall back on salicylic acid and a cathartic. Warner's Safe Remedies are anything but safe if such a dangerous disease as Bright's disease is making progress while you neglect diet and hygienic living, to take this mixture of 'potassium nitrate, alcohol, glycerin, a trace of oil of wintergreen and vegetable extractive,' possibly taraxacum. The exact composition of these mixtures containing very small amounts of many different products cannot be determined, but this analysis indicates the character of the alleged cure, and potassium nitrate, its main ingredient, could hardly be called a 'vegetable material.' Like many other drugs, it has most undesirable side effects, and its miscellaneous ingestion in this way may be vicious in itself, besides the fact that loss of time in diabetes and Bright's disease may prove fatal. Doan's Kidney Pills belong in the same category, and depend also mainly upon potassium nitrate, with fenugreek, oil of juniper, and hemlock pitch for their effect. Think how the sales would fall off if all of these 'safe cures' and 'sure things' were sold for what they are, with a formula on the bottle; and a true statement as to their efficiency."

Of course Mr. Balliett doesn't like the American Medical Association. He doesn't like the newspapers that refuse to accept medicine advertising. He does not like Dr. Wiley or any other agency or person that is endeavoring to persuade the public not to purchase Doan's Kidney Pills. And because he doesn't like them it is only natural that he should speak as he did before the ad-crafters. So far as the newspapers that have eliminated medicine advertising are concerned, they took that course as a means of protecting the public against what Samuel Hopkins Adams has termed "The Great American Fraud."

"A NEW PHYLACOGEN"

A large number of so-called "independent" journals are carrying a "reading notice" announcing a new phylacogen for typhoid fever put out by Parke, Davis & Co. Commenting on this the *Wisconsin Medical Journal*, in its issue for October, 1914, says:

"When commercial greed is locking horns with scientific facts and wishes to prove its case scientifically it seems easy to collect much so-called proof. Reports of several hundred cases successfully treated by several hundred physicians impress certain minds as having the same weight in evidence as fifty cases treated by one man with all the necessary controls. Verily judgment is difficult.

"The very latest style in therapeutics is Typhoid Phylacogen featured in Therapeutic Notes, September, 1914. 'This preparation consists of a culture filtrate of the *Bacillus Typhosus*, ——— combined with an equal volume of the basic or Mixed Infection Phylacogen.' 'Reports have been made on the Phylacogen treatment of typhoid fever in 310 cases, with recovery in 283, or 91 per cent.' This is recommended subcutaneously or intravenously. It is well to remember that basic phylacogen is composed of the filtrates from the growth of five or six bacteria, such as colon, staphylococci, streptococci, etc. Now to get down to actual facts, we have known for a long time that the typhoid bacillus produces a specific toxin only when the bodies of the bacilli are crushed. An enormous amount of work has been done in an endeavor to produce a typhoid toxin in a bouillon culture which will cause immunity in injected animals. *It has never been done.* One does, however, get protein toxins which are not specific for typhoid infection, that is to say these toxins cannot produce immunity to typhoid infection.

"If physicians are to be instructed in modern therapeutics by sales-agents of commercial firms then it seems time for us to close up our medical schools and send the students to school in drug and serum manufacturing houses."

believe that by analyzing insurance methods we shall ultimately arrive at a solution that will be satisfactory to both public and profession. By accepting the good points of present insurance methods and supplying what is lacking to make it acceptable to the medical profession, we arrive at a scheme to guarantee the insured public the payment of their medical, surgical and hospital bills on the one hand, and guarantee the medical profession payment of their fees on the other hand. In working out any scheme of insurance on these lines if the following four points are adhered to it should be acceptable to the medical profession:

1. The services of the whole of the medical profession should be at the disposal of the whole of the public.
2. No one should be made the object of charity.
3. The average income of the medical practitioners should be increased.
4. The basis from which the actuary must do his reckoning should be the schedule of medical fees.

This should sufficiently protect the medical practitioners and should be sufficient guarantee to the public.

Any insurance scheme which has for its object the securing of medical attention for the masses depends for its successful working on the judgment of medical men, and should, therefore, as much as possible remain under medical control. If the thing depends on our judgment for its successful working, we should be rewarded.

This is, perhaps, the largest problem that the younger members of the medical profession will have to solve in their day and generation. It is worth every man's while studying, and as I am not through studying it myself I shall be glad to communicate with those members of the profession who are interested, and shall make their questions and objections the subject of a second paper on this question at a later date.

A. R. MUNROE, M.D., Edmonton, Alta.

The Office-Boy Perineum Operation

To the Editor:—In THE JOURNAL, May 18, 1912, I published a description of a perineal operation. The chief technical point consists in stabbing a pair of scissors down to a part of the levator ani muscle, opening the scissors *in situ* and thus stripping the muscle free from attachments. This leaves it in condition for accurate suturing and restoration of the most important part of the elastic floor.

This peculiar step in technic simplifies the operation to such an extent that I have spoken of the whole operation as the "office-boy perineum operation," because the office-boy could do it after obtaining one object lesson.

A number of other surgeons are at present claiming priority for this technical step in question. I do not know who first employed it. As it is to become a matter of history, perhaps it may be well to state that I have taught this step in technic since 1895. I have letters from members of the visiting staff of five different hospitals with which I am connected in the way of documentary evidence. My object in furnishing this evidence is not for the purpose of establishing a priority claim, but to protect myself against the charge that some one's else step in technic has been appropriated by me and published without reference to some earlier operator.

are able to get on for carrying it on. If they get sufficient money they will be able to increase their present capacity from 400 to 1,000 beds. I am informed by the Chairman of the Board of Managers, Monahan, that the cost of running the hospital per bed is 10 francs a day, in spite of the fact that all of the doctors and nurses are volunteering their services free. Their staff of doctors, nurses, cooks and other servants number already 200, all of whom have to be fed. The heating alone consumes about 12 tons of coal per month, costing about £300. They require about half a million dollars, as they contemplate being able to take care of 1,200 beds. The Hospital is entirely under American control, and is being financed by Americans, and it appeals to me very strongly because of its magnificent equipment and also, that being so near the seat of war it undoubtedly will receive many of the most serious cases, which cannot bear longer transportation.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted on request.

PLACE FOR A REST CURE

To the Editor:—I have a patient who is in a general run-down condition, and I wish to find a place where she can get care, proper diet and quiet, attractive surroundings. I should prefer some place in the South among the hills and mountains; among forests, where the climate is not too rigorous for the delicate woman to be out of doors, and yet where it is not too enervating, as it is in some parts of the South. I prefer a small place, providing she could get proper medical attention in such a place. One where tuberculosis or mental disorders are treated would not be satisfactory.

W. A. V., Jr.

ANSWER.—We shall be glad to forward information regarding such place or institution.

STATES WHICH REQUIRE PROPHYLACTIC FOR OPHTHALMIA NEONATORUM

To the Editor:—What states have laws requiring the use of silver nitrate in the eyes of the new-born?

A. B. M., Waycross, Ga.

ANSWER.—The following states have either laws or regulations for the prevention of ophthalmia neonatorum: Connecticut, District of Columbia, Idaho, Illinois, Iowa, Indiana, Kansas, Louisiana, Maryland, Maine, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oregon, Pennsylvania, Porto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington and Wisconsin.

The law does not in all of these states specifically designate the kind of preparation to be used, the state boards of health being authorized either by direct mandate or by implication to determine this point.

The following states by law require the use of some form of prophylactic for ophthalmia neonatorum: Indiana, Louisiana, Maryland, Massachusetts, Missouri, New Jersey, New York, Vermont and Wisconsin.

In the following states the boards of health by regulation have authorized the use of silver nitrate: District of Columbia, Minnesota, Nebraska, New York, Porto Rico, Rhode Island, Utah and Washington.

TYPHOID VACCINATION AND IMMUNITY

To the Editor:—1. Does one attack of typhoid render a person

modern house plumbing which is made legally obligatory on housebuilders in many places entails a large, needless and altogether unjustifiable expense. Conceivably it is to the financial interest of plumbing supply houses—or somebody—to have the required system of plumbing as elaborate and as expensive as possible.

One feature of this situation deserves attention. It is plain that the most serious obstacle to the universal replacement in sewered towns of the dangerous privy-vault by the water-carriage system is the high cost of the plumbing. In this respect every unnecessary refinement and elaboration in plumbing outfits and legal requirements is a harm, not a help, to public health. The greatest possible simplicity and cheapness compatible with efficiency is what is needed in really "sanitary" plumbing, not a labyrinth of traps, vents and back-vents. If the plumbing interests really wish to aid the hygienic welfare of the community they can best do this, not by insisting on still more complicated devices and "inspections," but by simplifying and cheapening the cost of installing and maintaining the pipes and fixtures essential for carrying off the house wastes in a speedy and inoffensive manner. Finally, let us ask this question: To what extent do the plumbing ordinances in our American cities represent the prevailing opinion of public health experts and trained health officials, and to what extent do they represent the efforts of commercially interested individuals or organizations to entrench themselves behind the active if not always well-informed desire of the people to safeguard the public health?

MIXED VACCINE AND PHYLACOGENS

The noted advance in therapeutics shown in the development of vaccine therapy has brought with it grave dangers as well as advantages. We have, on a number of occasions, discussed in special articles and in editorials the dangers which threatened from the rapid commercialization of this new method. The unscientific character of mixed vaccines and of the mixed filtered products of a number of vaccines marketed as "Phylacogens" has been especially empha-

This admonition to seek the guidance of unbiased scientific observers is deserving of special emphasis at the present time. Five weeks ago we published the address of the chairman of the Section on Pharmacology and Therapeutics, Dr. John F. Anderson,² one of our foremost workers in this branch of biologic science, in which attention was very forcibly drawn to the dangers involved in the use of biologic products of non-specific character. He says:

Bacterial therapy undoubtedly in some cases is a most valuable method of treatment; but when the claim is made that a combination of the dead bodies or the filtered products of a number of different bacteria are useful for the treatment of certain diseases with a different specific cause, it would seem that the suggestion closely approaches quackery.

Further he says:

Aside from the doubtful practice of the indiscriminate use of unproved methods of treatment, it has seemed to me that a great injustice is done the patient by their use, since some of the preparations that have been widely exploited have been shown to be harmful in certain instances and even to have caused death. So the first step in attempting to remedy conditions is to awaken the physician to the importance of ignoring the claims of those who are pushing these new methods until their usefulness and harmlessness has been clearly demonstrated by those best in a position to do so.

As a result of scientific methods in teaching therapeutics, physicians have gradually given up almost entirely the use of "shotgun" prescriptions and now prescribe a drug or a combination of one or two drugs, each given for the purpose of exerting a definite action. On the other hand, the purveyors of bacterial vaccines have gradually increased the number of different bacteria in their mixed vaccines until some of those now advertised for sale contain as many as seven different kinds of bacteria, and some of the "Phylacogens" contain the filtered products of at least eleven bacterial species!

Under the present federal law there does not seem to be any way in which the federal government can do more than is being done at present. It is a case in which the physician becomes the sole guardian of the patient committed to his care. He is the one and only responsible individual. He cannot throw the blame for bad results back to the manufacturer. When he subjects his patients to the possibility of

warnings of disinterested scientists are of far more value than uncritical clinical reports put out under commercial auspices.

This we quote from a recent book by Victor C. Vaughan,³ President of the American Medical Association:

Every time an unbroken protein is introduced into the body it carries with it, and as a part of it, a poison. From the very careless, rash, and unwarranted way in which "vaccines" of most diverse origin and composition are now used in the treatment of disease, this matter certainly cannot be understood or its danger appreciated by those who subject their patients to such risks. It should be clearly understood that all proteins contain a poisonous group—a substance which in a dose of 0.5 mg. injected intravenously kills a guinea-pig. This poison is present in all the so-called "vaccines" now so largely used, and it is not strange that death occasionally follows the use of "Phylacogen" or similar preparations. Not only do these proteins contain a poison, but when introduced parenterally the poison is set free, not in the stomach, from which it may be removed, but in the blood and tissues. It is possible that vaccine therapy may become of great service in the treatment of disease. Even now there are occasional brilliant results which are reported while the failures and disasters are not so widely advertised.

Such a warning as this quotation contains, from a man so eminent as Dr. Vaughan, merits and should receive the careful attention of medical men; at least it should have as much weight as the "clinical evidence" spread broadcast among our profession by commercial houses.

THE OPIUM ALKALOIDS AND DIABETES

Opium preparations have long been used in diabetes, and there is a wide-spread belief that they are frequently efficient in diminishing the excretion of sugar in this disease. Data might readily be cited from the literature of clinical medicine to show apparently advantageous results following opium medication. No satisfactory explanation has yet been furnished of the manner in which excretion of sugar is diminished. It has been suggested that the alleged beneficent influence of the drug is attributable in a general way to its well-known sedative action on the nervous system. This hypothesis contains, at least, something tangible, in view of the fact that more or less ill-defined conditions of nervous irritability have been said to produce certain types of diabetes. Now that the investigation of

condition was elicited by injections of epinephrin or by the well-known piqûre experiment in which an injury to the roof of the fourth ventricle in the brain is promptly followed by glycosuria, no convincing effect attributable to the administration of opium products could be demonstrated. On the other hand, when an alimentary hyperglycemia was brought about by feeding unduly large quantities of glucose the inhibitory effects of opium products were clearly manifest. For example, repeated injections of opium alkaloids in quantities which of themselves had no demonstrable effect on the level of the sugar in the blood, nevertheless prevented the expected rise after the ingestion of sugar.

The newer studies of Magnus² and others have made clear certain effects of morphin on the movements of the alimentary tract which may serve to explain the inhibitory phenomena just referred to in connection with alimentary glycosuria. It is now known that this alkaloid greatly retards the discharge of its contents from the stomach into the small intestine, from which they are absorbed. It is apparent, therefore, that the antiglycosuric action of the opiates in diabetes may be due to the fact that the carbohydrates are not absorbed at the usual rate because they are not furnished in sufficient concentration through discharge from the pylorus. That the expected hyperglycemia does not develop in characteristic degree when opium products are administered may be due to the failure of the lower alimentary tract to be overloaded with readily absorbable carbohydrates within comparatively brief periods of time. Whether the facts here adduced will also suffice to explain the reduction in the output of sugar occasionally noted in human practice under similar therapeutic conditions, remains to be ascertained more definitely.

THE DANGER OF INFECTION FROM ICE

The modern practice of using iced food and drinks is so universal in this country that it is important to determine to what degree ice may be relied on as not carrying infection. When in the seventies and eighties of the last century it was shown that pathogenic bacteria might survive freezing, ice fell under

Delaware State Medical Journal

Official Organ of the

Delaware State Medical Society

Editor

DR. ALBERT ROBIN

1202 Delaware Avenue

Business Editor

DR. WM. H. KRAEMER

1009 Madison Street

Board of Trustees

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Published Every Month by The Star Publishing Company, 309 Shipley Street, Wilmington, Delaware Where all communications relative to advertising should be sent

VOL. IV

APRIL, 1913

NO. 5

~~PHYLACOGENS~~—SHALL WE USE THEM?—Some years ago Dr. A. F. Schafer conceived the idea that in almost all specific diseases there is a mixed infection. Acting on this theory he elaborated a filtrate from mixed cultures of pathogenic organisms to which the filtrate from the specific germ is added for the treatment of each specific infection. For instance, for the treatment of pneumonia the filtrate of the pneumococcus is added, in certain proportions, to the general filtrate of the mixed infectious bacteria; for the treatment of gonorrhea, the filtrate of the gonococcus is added, etc. Dr. Schafer tried his bacterial filtrates on animals, then on man, and met with considerable success. He saw fit to withhold from the profession the exact method of preparation of his filtrates. Shortly after, Dr. Schafer entered into a business arrangement with Parke, Davis & Company for the manufacture and sale of his bacterial filtrates, presumably on a royalty basis. Parke, Davis & Company made an exhaustive investigation of Dr. Schafer's claims, and having satisfied themselves as to the merits of the product, assumed the manufacture and exploitation of what they designate, for trade reasons, "phylacogens." While the principle underlying the employment of phylacogens does not differ from the general principle of active bacterial immunity, the product differs from the bacterins commonly in use by containing the bacterial metabolic products in solution. The further difference is that the method of manufacture of phylacogens is secret. It is this secrecy that provoked the Journal of the American Medical Association into an antagonism towards the preparation and its manufacturers, an antagonism

deep lesions not always being detected, and the difference in virulence of the infecting organism.

The physician can make the diagnosis in the early case and can satisfy himself that the patient has tuberculosis, but in many cases to convince the patient of the truth of it, and the need for treatment is quite another thing. The patient much prefers to hear that he is just a little run down and has a bronchial cough and that he will be all right in a few days. Meddlesome and sympathetic advice from his family and kind friends often overrules what his physician has told him, and turns the tide in his chances for recovery, and when it is months too late he is willing to take the advice of his physician and wants to be cured in a hurry. This is especially true in sanatorium work, for in many cases it is the family and relatives that decide when he is ready to go home and I believe that the relapses that occur are in no small degree attributable to this interference.

It is not the aim of this paper to introduce anything new, but rather to review the methods that we have at hand for the early diagnosis of tuberculosis and open a discussion on that subject.

Personals

The Bureau of Pensions has appointed Dr. J. Harvey Spruance, of this city, as a member of the Board of Examining Surgeons for the Pension Bureau at Wilmington. Dr. Spruance was appointed upon the recommendation of Congressman Franklin Brockson. He was appointed to fill the vacancy caused by the death of Dr. Evan G. Shortlidge.

Dr. Spruance has received his commission from the department.

Governor Miller has announced the appointment of Dr. J. H. Wilson, of Dover, to succeed the Hon. H. A. Richardson, as a delegate to the Fourth Annual Peace Congress to be held in St. Louis, Mo., May 1, 2 and 3, 1913.

Dr. Willard Springer has been mentioned as a possible candidate for mayor. He shall have our vote!

which, while fully justified on general principles, is nevertheless too severe and unreasonable.

We admire the Journal, we appreciate deeply the ability, energy and great service of its editor and his able co-workers, we endorse the great work of the Council of Pharmacy, but we cannot and should not be led by our desire for reform into a state of intolerance and injustice which savors of the inquisition of the Middle Ages.

We deplore the fact that Dr. Schafer has not been true to the noble principles of his profession which eschews secrecy in the preparation of remedial agents. We do not like the business methods adopted by Parke, Davis & Company in exploiting the phylacogens. And that is all. We are living in an age of commercialism and must accept the onerous burdens imposed upon us by this age, hoping and striving all the while for a better day. From a purely commercial standpoint Dr. Schafer was perhaps justified in sacrificing the noble traditions of our guild to the golden calf; from a purely commercial standpoint Parke, Davis & Company are justified in resorting to such advertising methods as would bring the greatest returns; but neither the action of Dr. Schafer, *who is primarily to blame for the secrecy of the preparation*, nor the commercial methods of Parke, Davis & Company have anything to do with the merits of their preparation. Theoretically, the claims made by P., D. & Co. for phylacogens are just as scientific and just as reasonable as those made by the various manufacturers on behalf of the bacterins. We must bear in mind that the action of the bacterins is due to their metabolic products and not the dead inert vegetable cells. If it is true that gonococcic, pneumococcic, typhoid and other bacterins exert a specific influence, it is equally true that the phylacogens have a similar, if not more powerful, action; if it is reasonable to employ the bacterins in the acute stages of infection, it is equally reasonable to employ phylacogens under similar conditions; if it is safe to inject the various bacterins, it is equally safe to inject the phylacogens with the proper precautions as to method and dosage. As to the theory of mixed infection it undoubtedly has the support of clinical as well as laboratory observations.

Coming to the clinical evidence we should discount at the start the accusation that P., D. & Co., or their scientific staff, are publishing deliberate lies. The firm has been in existence almost as long as the American Medical Association and has been too well and favorably known for its integrity to be suspected of deliberate falsehoods. With the wonderful equipment and scientific personnel possessed by this wealthy manufacturing firm, the facilities for a thorough in-

vestigation of Dr. Schafer's claims were such as to make it reasonably certain that the preparation does possess real merit. Now, if this is the case, as we believe it to be, have we the moral right to withhold a valuable preparation from our patients because we do not like the methods of its exploitation? Ethics is all right when it conserves the life and well-being of those intrusted in our care, but if we permit the sacrifice of life or health to uphold the dignity of our ethical standard, then it is murder.

VICE IN ITS SEVERAL ASPECTS.—The recent investigations of vice in the larger cities have brought to light a problem which may be measured by the centuries during which it perplexed civilized mankind. We have been often amused by the pigmy attempts to cope with this monster. Some newly elected public official starts out in Don Quixote fashion to conquer vice, with a big V. He summons his knights brave and true, makes his declaration of war and with a wonderful display of courage swoops down on the poor, in-offensive residents of the tenderloin. The girls are dragged to police stations and either fined or imprisoned, the houses are ostensibly closed and vice is conquered. How simple. So simple, indeed, that microcephalic officials actually regard this raiding business as an effectual method of coping with vice. The recent investigations by the various "vice commissions" have shown what we as medical men have always known that vice is a multiheaded monster. Prostitution, which is the commercial form of vice, depends for its being on demand and supply. The demand is based on (1) the natural polygamous proclivities of men, (2) economic conditions which make early marriages impossible, (3) vicious habits and bad associations, (4) ignorance as to consequences, (5) custom and the so-called double standard of morality, (6) frigidity, natural or assumed, on the part of the wife or temporary or permanent illness of the partner. Alcoholism, temporary infatuation, craving of new excitement, etc., are contributory factors of minor importance.

The supply is furnished by the prostitutes, public and clandestine, which may be divided into the following groups: (1) A large group of girls who have become accustomed from early childhood to intimate association with men and who regard the sexual embrace with the same indifference as they do a hand-shake. In other words, their natures do not revolt against and their sensibilities are not hurt by a free indulgence in promiscuous intercourse. Regarding this life of shame with perfect equanimity they enter it because it offers a certain ease and excitement and better pay. (2) Girls who are the victims of seduction and who drift into

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A QUIZ SERIES ON PHYLACOGENS

Issued Serially, Numbered from 1 to 9.

Preserve numbers as received to obtain the comprehensive information afforded.

No. 6.

Q.—How are Phylacogens marketed?

Ans.—In amber glass vials of 10 Cc. capacity, hermetically sealed. Price, \$3.00 per vial.

Q.—How long will the Schafer Phylacogens remain potent?

Ans.—Clinical experiments indicate that they will remain potent for at least two years. Each package bears the date after which it should not be used.

The Phylacogens are marketed by PARKE, DAVIS & COMPANY.

FOR SALE BY

THE DRUG TRADE.

If not in stock, your druggist can secure immediate de'ivery from
PARKE, DAVIS & CO., 162 No. Franklin St Main 4058

MAY 24 1913 6844

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No. 2.

Q.—To what diseases have the Phylacogens so far been made applicable?

Ans.—Rheumatism, Gonorrhea, Erysipelas, Mixed Infection and Pneumonia.

Q.—What does the term Phylacogen signify?

Ans.—It means an agent that will produce in the human system an Antitoxin or defensive proteid to combat bacterial infection causing the disease. The term is derived from two Greek words.

The Phylacogens are prepared by PARKE, DAVIS & COMPANY.

FOR SALE BY

THE DRUG TRADE.

If not in stock, your druggist can secure immediate de'ivery from
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A QUIZ SERIES ON PHYLACOGENS

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Preserve numbers as received to obtain the comprehensive information afforded.

No. 9.

Q.—What is the initial dose of Phylacogen and how administered?

Ans.—Always subcutaneously, and in doses of 1 to 2 Cc., gradually increased daily, in accord with general physical and nervous condition of the patient. The usual interval between doses



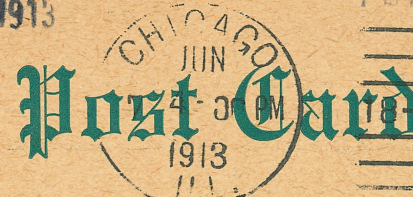
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CHICAGO,

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S. C. Stanton M.D.

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1604 - 15th St.

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JUN 6 1913 7002

A QUIZ SERIES ON PHYLACOGENS

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No. 7.

Q.—How are the Phylacogens administered?

Ans.—Either subcutaneously or intravenously. Good results are generally obtained from the former method, but they are not as rapid as those following intravenous injection. The constitutional reaction from the intravenous method is much more pronounced. The intravenous method should only be followed by physicians expert in giving such injections.

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A QUIZ SERIES ON PHYLACOGENS

Issued Serially, Numbered from 1 to 9.

Preserve numbers as received to obtain the comprehensive information afforded.

No. 8.

Q.—What are the contra-indications to the use of Phylacogens?

Ans.—There are none as regards the subcutaneous injections, excepting perhaps nephritis. But the intravenous method should not be used in terminal or hopeless cases, cases with severe dangerous cardiac involvement or with pronounced arteriosclerosis. The age of patient alone presents no contra-indications, although doses are regulated accordingly.

The Phylacogens are prepared by **PARKE, DAVIS & COMPANY.**

FOR SALE BY

THE DRUG TRADE.

If not in stock, your druggist can secure immediate delivery from
PARKE, DAVIS & CO., 162 No. Franklin St Main 4058

6889 6889 MAY 29 1913

A QUIZ SERIES ON PHYLACOGENS

Issued Serially, Numbered from 1 to 9.

Preserve numbers as received to obtain the comprehensive information afforded.

No. 3.

Q.—What is the principal indication for the use of Phylacogens?

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7223

A QUIZ SERIES ON PHYLACOGENS

Issued Serially, Numbered from 1 to 9.

Preserve numbers as received to obtain the comprehensive information afforded.

No. 4.

Q.—What are the facts set forth as the basis of this new therapy?

Ans.—1st. That many diseases are caused by the metabolic products of bacteria.

2nd. That the human subject is the host of micro-organisms that are pathologically latent, but capable of setting up a disease process under certain conditions.

3rd. That the growth of these organisms and their effects can be neutralized through the use of products from artificial cultures.

These Phylacogens are prepared by PARKE, DAVIS & COMPANY.

FOR SALE BY

THE DRUG TRADE.

If not in stock, your druggist can secure immediate delivery from
PARKE, DAVIS & CO., 162 No. Franklin St Main 4058

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A QUIZ SERIES ON PHYLACOGENS

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No. 1.

Q.—What are Phylacogens?

Ans.—They are new process bacterial derivatives, prepared according to the method of Dr. A. F. Schafer, and used in the treatment of infectious diseases. They are sterile aqueous solutions of metabolic substances generated by bacteria grown in artificial media. They are made from a large variety of pathogenic bacteria. They are not bacterial vaccines nor sera, as ordinarily understood.

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A QUIZ SERIES ON PHYLACOGENS

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No. 5.

Q.—Do the Phylacogens produce any toxic effect?

Ans.—Experiments have demonstrated that the minimum lethal dose for an adult person, weighing 150 pounds, is about 800 Cc. The relative non-toxic action of these agents seems therefore assured.

Q.—Do any tissue changes follow injections of the Phylacogens?

Ans.—A series of autopsies on animals have shown no macroscopic or microscopic changes after therapeutic doses had been injected. The clinical safety, therefore, of the Phylacogens, is further established.

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